

**JOINT LOW EARNINGS and CLAIM for BENEFITS for PARTIAL UNEMPLOYMENT**1. _____
(Name of Claimant) (First) (Middle or Maiden) (Last)2. _____
(Social Security Number)3. _____
(Mailing Address -- Street, RFD, or P.O. Box) (City) (State) (Zip Code) (County of Residence)4. Sex M ☐ F ☐ 5. Date of Birth _____
month day year 6. Race _____ 7. U.S. Citizen? Yes ☐ No ☐**PAYROLL INFORMATION**

8. During the week or weeks covered by this report this worker worked less than full-time due to lack of work and earned the amount indicated below:

Payroll Week-Ending Date	Hours Worked	Gross Earnings	Voluntary Loss	Holiday Pay	Vacation Pay
Payroll Week-Ending Date	Hours Worked	Gross Earnings	Voluntary Loss	Holiday Pay	Vacation Pay

9. Last day/date employee worked _____

10. Date this employee is expected to return to work _____

11. Employer Name _____

Mailing Address _____

12.

(Employer Account Number)

13. Authorized Employer Representative

(Signature and Title)_____
(Area Code) (Telephone Number)**WORKER'S STATEMENT**

During the week or weeks covered by this report I was able to work and available for full-time work. I hereby file a claim for benefits for partial unemployment for the week or weeks covered by this report (less week of waiting period) under the provisions of the Tennessee Employment Security Act.

14. During the above week did you work or earn wages from any employer other than the one listed above? YES ☐ NO ☐

15. If Yes, what was your gross pay for week (1) \$ _____ (2) \$ _____.

16. Have you been paid wages by an out-of-state employer or the federal government within the last 18 months? YES ☐ NO ☐

If YES, State _____, Dates employed _____ State _____, Dates employed _____

17. Have you filed for or are you receiving any kind of retirement or pension, excluding Social Security? YES ☐ NO ☐

18. How long have you worked for this employer? _____

I understand that the law provides a penalty for false statements to obtain or increase benefits. I request a determination of my entitlement to benefits.

(Date Signed by Worker)_____
(Worker's Signature and Area Code and Telephone Number)

A claim for a week of some earnings must be mailed or delivered to the local unemployment claims office within fourteen (14) days of the week-ending date that appears on the claim form.

A claim for a week of no earnings must be mailed or delivered to the local office within seven (7) days of the week-ending date that appears on the claim form.

Information contained in your file may be released to other government agencies, as required by law.

INSTRUCTIONS FOR SUBMITTING A PARTIAL CLAIM
to the Tennessee Department of Labor and Workforce Development



FILE A PARTIAL WHEN: Employees work less than four (4) full days or
Earnings total less than Weekly Benefit Amount

EMPLOYER ENTERS: ITEMS 1 THROUGH 7 Claimant Information

ITEM 8 Payroll Information

Payroll Week Ending Date

Wages *(earned Sunday to Saturday midnight)*
If your pay period ends on a day other than
Saturday, the Department will adjust the week
ending to the following Saturday.

Holiday Pay *(reportable the week the holiday occurs)*

Vacation Pay *(reportable if for the same period)*

Voluntary Loss *(work declined by the worker)*

ITEM 9 Last Date Worked

ITEM 10 Date Returned to Work

ITEM 11 Employer Name and Address

ITEM 12 Employer Account Number

ITEM 13 Authorized Signature and Title

WORKER ENTERS: ITEM 14-15 Other Earnings *(wages from other work the same week)*

ITEM 16 Out-of-State or Federal Employment Information

ITEM 17 Retirement Pay Information

ITEM 18 Duration of Employment
Date *(must be later than the week ending being claimed)*
Signature and claimant telephone number

WHEN COMPLETING THE FORM:

Verify the Social Security Number and the worker's current address.

File up to two (2) weeks on one form *(must be consecutive weeks)*.

Submit claims for weeks of total unemployment within seven (7) days following the week of unemployment.

Submit the forms to the local Labor and Workforce Development office.

CONTACT THE LOCAL LABOR AND WORKFORCE DEVELOPMENT OFFICE TO OBTAIN ADDITIONAL FORMS.